New England Deaconess Hospital

pulse

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# Head nurses: A multi-faceted role

Ask any patient when he or she is discharged from the Deaconess how they were treated during their stay and the answer you're most apt to receive is "the nurses were wonderful. They treated me special."

Long a strong suit at NEDH, nursing has over the past decade become increasingly more complex and technical. The steady advance of modern medicine with its increasing dependence on a mind boggling array of technological gadgetry has placed many more demands on the nurse's time. In addition to attending to the patient's needs, the nurse must now also possess a bit of the master mechanic in dealing with medicine's new electronic helpers.

As more demands have been placed on staff nurses, the need has arisen for someone to effectively manage their time and act as a resource person when unusual problems appear. At the Deaconess this managerial need is met by a group of 29 head nurses. They work throughout the hospital and direct nursing activities on the various medical-surgical patient floors and in the operating and recovery rooms, the intensive care and coronary care units, the dialysis unit, ambulatory care unit, diabetes treatment unit and in the psychiatric care unit.

Most visitors to a nursing unit probably go unaware of the head nurse. Except for an inconspicuous name pin, the head nurse's uniform is undistinguished from the rest of the nursing staff and she easily blends in with the other white uniforms. However, just inquire who's in charge at the various nursing stations and you'll soon meet the head nurse.

The head nurse's role has changed dramatically over the last decade according to Shirley Baldwin, a head nurse for the past 21 years, who now works on Farr 8.

"Years ago before we had medical transcribers to handle all the physician orders, head nurses spent 90% of their

*(continued on page 3)*

*Head nurse Ann Donahue (r) and Nurse Mary Michling review a patient's card on Baker 4.*

## *"Communication" is Mary Jo's by-word*

In the recovery room, 30-40 patients a day pass through on their way from surgery. Some stay a few hours before being returned to their rooms, others remain the night. But during that critical transition period all patients require intensive care and monitoring from the recovery room nurses.

"This is the most responsible group I've ever worked with," said Mary Jo Mugnier, supervisor of the recovery room and assistant director of surgical services. The "group", in addition to nurses, includes all the staff, surgeons, anesthesiologists and surgical residents. Since care given in the operating and recovery rooms is generally short-term, communication between these people is vital to the patient's well-being.

Mary Jo has no patience with medical colleagues who do not communicate. "All of our nurses are assertive communicators. Sometimes there are personality clashes between nurses who have had years of experience in their profession, and some of these clashes must be resolved by the parties involved. But certainly these problems can be minimized by honest and effective communication," said Mary Jo.

"They are good at what they do, and in order to be most effective they must have respect for their co-workers. There are many correct answers to medical problems, but it's sifting through them to find the answer for

*(continued on page 2)*

## *NEDH physician involved in mystery of the Holy Shroud*

In 1960 as a pre-med freshman at Boston College, Gilbert Lavoie was browsing through a bookstore and happened upon a work entitled, "A Doctor at Calvary," by Dr. Pierre Barbet. Dr. Barbet's vivid medical account of the crucifixion and death of Jesus Christ and the detailing of a burial shroud, later known as the Shroud of Turin, so intrigued Mr. Lavoie that he became determined to learn more about the Shroud.

The years flew by, however, and this interest remained rather dormant, save for some occasional historical readings on the Shroud, as Dr. Lavoie established his family, built a practice in internal medicine and became a member of the medical staff at New England Deaconess Hospital.

In 1978, a Boston Globe article alerted Dr. Lavoie that in celebration of its 400th anniversary in Turin, Italy, the Shroud would be on public view for six weeks from August until October. His immediate response to his wife on reading this was "we're going to Italy."

A letter to Father Peter Rinaldi, a Shroud researcher in Turin, gained Dr. Lavoie entrance to an international symposium of scientists gathered to study the relic after the public viewing period. At the meeting, Dr. Lavoie spoke with researchers about a battery of space age tests that would be used to examine the Shroud.

According to Dr. Lavoie, the Shroud has remained an enigma partly because many gaps exist in its documented history. Ian Wilson, a widely respected journalist-historian, argues in his recently published book, "The Shroud of Turin", that a disciple of Christ

*(continued on page 4)*

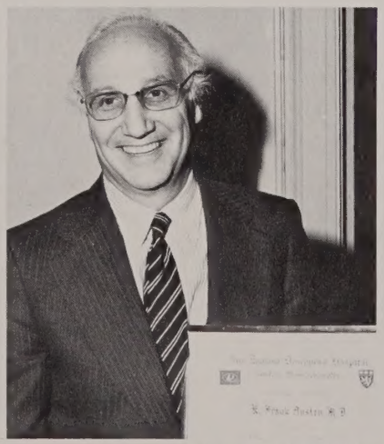
# Department of medicine hosts visiting physician-in-chief

Dr. K. Frank Austen, physician-in-chief at the Robert Breck Brigham Hospital, recently served as Visiting Physician-in-Chief Pro Tem at the invitation of the Deaconess Department of Medicine.

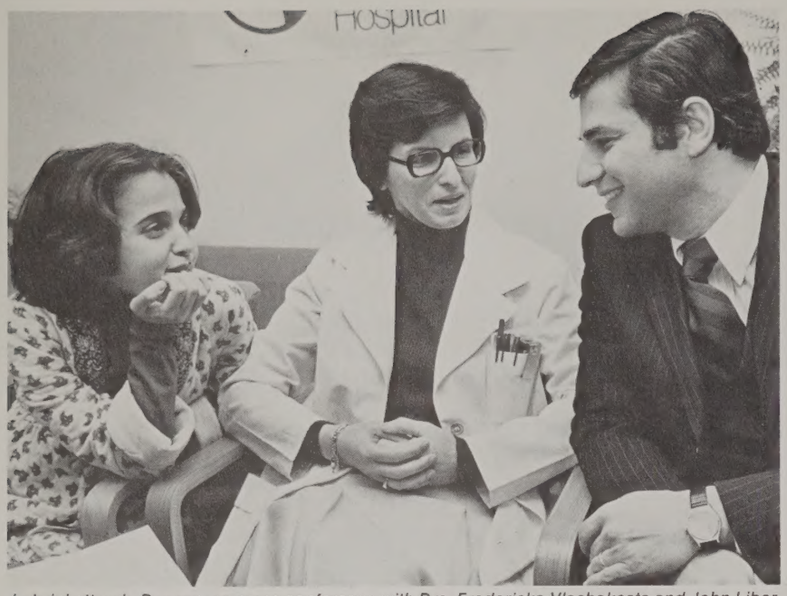
The annual position is funded by the department in order to provide a teaching experience for Deaconess interns and residents. During his three-day stay in December, Dr. Austen attended on every major medical floor and held daily reports for both interns and residents.

Dr. Austen delivered medical grand rounds on "Inborn and Acquired Abnormalities of the Human Complement System". A major portion of the discussion focused on the disease entity, hereditary angioneurotic edema.

Due in large part to work done by Dr. Austen and his associates, this disease has been transformed from a virtual mystery to one whose pathogenesis, genetic transmission and treatment have been unravelled in less than a decade.



*Dr. Austen with certificate awarded to visiting physicians by Department of Medicine Chairman Dr. James Tullis.*



*Labrini attends Deaconess press conference with Drs. Fredericka Vlachokosta and John Libertino.*

# *Labrini leaves Deaconess after successful operation*

Labrini Bitsa, a smiling 15-year-old Greek girl, chatted animatedly with friends and reporters at a recent press conference. She had changed dramatically from the sad-eyed, worried girl who entered the Deaconess in December for a kidney transplant operation.

Labrini successfully underwent the operation on January 4. Her mother, Anastasia, who donated the kidney, appeared with Labrini at the Deaconess press conference on January 24 to publicly thank the thousands of people who raised money to send Labrini to the United States, and the doctors who gave their services free of charge.

The doctors who worked on Labrini's case were present to discuss her recovery: Dr. John Libertino, chief of transplant service at the Lahey Clinic; Dr. Leonard Zinman, senior urologist at Lahey Clinic; Dr. Fredericka Vlachokosta, an endocrinologist at Joslin Clinic; Dr. Christopher Gregoriades, chief urology resident at NEDH; and Dr. John D'Elia, renal dialysis specialist at Joslin Clinic.

Dr. Libertino, who performed the transplant, said that the operation's outcome was good, and if the kidney continues to function for at least two years, then the odds are good that Labrini will have a normal life.

Labrini, who will stay at the home of a local Greek restauranteur for several weeks before returning to Greece, was optimistic about her new life. Through an interpreter, Labrini explained, "I feel like I'm going home a different person, a normal person. I feel that I was reborn."

**Mary Jo** *(continued from page 1)*

that particular *individual* patient which requires the skills of all involved. Such communication and cooperation between staff members cannot *help* but improve patient care."

Mary Jo sees herself as the liaison between nurses and members of the medical staff. The nurses have all worked in a similar acute care setting before coming to the Deaconess recovery room. They work in teams of two, caring for up to six patients per team, or in acute situations, they work on a one-to-one ratio. "We want nurses who have experience in taking initiative and using common sense. We encourage them to advance in their careers by continuing their education and becoming involved in professional organizations," said Mary Jo. "The Deaconess turnover rate among nurses seems to be lower than at other hospitals. There's really no reason to move around – they're good to the hospital and the hospital's good to them. There's a feeling of high integrity at the Deaconess."

Mary Jo has spent a total of 16 years of her nursing career at the Deaconess. Following graduation from Holyoke Hospital School of Nursing in Holyoke (MA), she worked in that hospital's emergency room for a year. Needing a change of scene, Mary Jo became a medical/surgical staff nurse at the Good Samaritan Hospital in Los Angeles. A year later she returned to Massachusetts to work as a nursing office supervisor at Springfield Hospital.

Mary Jo came to the Deaconess in 1961 as a recovery room nurse, eventually becoming a head nurse. After eight years, Mary Jo "took a break" from the Deaconess and spent six months as a staff nurse in the emergency room and later as supervisor of the recovery room at the Faulkner Hospital in Boston. By this time, Mary Jo decided she needed a respite from acute care nursing, so she accepted a position as supervisor and director of nursing at a nursing home on the South Shore.

"The people were most enjoyable. The nursing home had about 50 patients, most needing semi-acute or custodial care. The administration was sensitive to patients and their families, creating a pleasant place in which to work."

After six months at the nursing home, Mary Jo began to miss acute care nursing, so she accepted an offer from the Deaconess to return as recovery room supervisor in 1972. She was promoted to assistant director of surgical services in 1974.

Mary Jo thinks it's a stimulating and challenging time to be in the nursing profession. "Recovery room nursing is a highly stressful specialty. Today a nurse must assume a tremendous amount of responsibility. Nurses must be general practitioners and specialists all in one."

*Mary Jo Mugnier checks a patient list in the recovery room.*

## Direct deposit comes to NEDH

The Deaconess is offering its employees a direct deposit system for receiving their paychecks each week. Several hundred employees are currently taking advantage of this benefit.

The direct deposit system works as follows: on payday the hospital sends the employee's net pay to the bank of his or her choice for deposit in a checking, NOW or savings account. The bank receives the pay on Thursday and credits the employee's account on Friday. The employee receives a regular weekly statement of earnings showing gross pay, deductions and net pay for the week and year-to-date.

The advantages of the services include: the fact that the paycheck cannot be lost or misplaced; a number of banks waive minimum balance requirements when direct deposit of pay goes into a NOW or checking account; the employee saves a trip to the bank; and the employee knows that the paycheck is safe in the bank if he or she is absent from work.

For more information concerning this employee benefit, please contact Leila Shumar in the personnel department.

*Dr. Allen Joslin admires a portrait of his father, Dr. Elliott P. Joslin.*

## Joslin portrait unveiled in lobby

A portrait of Dr. Elliott P. Joslin, founder of the Joslin Diabetes Foundation, was unveiled in the Farr lobby of the Deaconess Hospital during ceremonies on February 6.

President MacLure welcomed those who were present for the ceremony, including 11 members of Dr. Joslin's family; medical colleagues Dr. Alexander Marble and Dr. Priscilla White; and other friends and hospital personnel.

Dr. Marble recalled that in "those days, a ward bed cost $3.75 a day. In the early insulin years, Dr. Joslin started a small service by selling syringes, needles and other diabetic supplies to hospital patients. From the profits he established a fund which was used to pay the hospital expenses of patients who lacked money to pay the hospital for room and board."

The president of the Joslin Diabetes Foundation, Dr. Robert F. Bradley, who trained under Drs. Joslin, Marble and White in 1949, remembered Dr. Joslin as a man "determined to solve the problems of diabetes . . . he was imaginative and had the foresight to plan clinic and research areas years in advance."

After Dr. Allen Joslin unveiled the portrait, he thanked the hospital administration for honoring his father and pointed out the appropriateness of hanging portraits of both Dr. Joslin and Dr. Frank Lahey in the hospital's main lobby. "The two men were the best of friends and were instrumental in making the hospital what it is today," said Dr. Joslin.

*A steering committee meets to design projects which will aid head nurses in improving their roles. Head nurses are (l-r): Wendy Sandberg (Palmer 5), Judy Brazier (Farr 7), Phyllis Giardina, (Farr 3), Pat Berger (Farr 3), Marge Wiggins (Baker 3), Helen Smith (Palmer 3), Ann Donahue (Baker 4), Maureen Morrissey (Baker 5) and Diana Knowles (hemodialysis).*

*Farr 8 Head Nurse Mary Beth Green makes patient rounds with Dr. Robert Ossinger.*

**Nurse** *(continued from page 1)*

time doing paperwork. Now, we can devote our time to working with RNs on our units to help them implement the primary care nursing plans that they have developed for each patient."

Operating room head nurse, Barbara Wolchok, also sees a shift in the head nurse's duties brought about by increased technology and a changing patient population.

"People are living longer now and are often sicker than before. When we see them in the OR they are having more complex types of surgery requiring greater nursing care. For example, within the past three years we are performing vitrectomies (eye surgery) on 70 year-olds. Before, these people would simply have gone blind."

To ease the strain on their staff, Ms. Wolchok, with the assistance of Head Nurse Diane Gulczynski, tries to maintain a smooth daily flow of surgical cases through NEDH's 10 operating rooms. By coordinating a master work and case schedule and by making any necessary changes, they allow their 24 nurses and 13 technicians to make adjustments with the least amount of stress.

Linda Rowley, head nurse on Farr 11 for the past year views her role as "the hub of the wheel" in providing the best patient care of her floor. Managing staff, administering to details and enhancing the growth and development of her less experienced nurses are Ms. Rowley's primary duties.

"As head nurse you have to be responsible for everything on your unit. Sometimes the job can be very overwhelming in managing people. You must be able to absorb new nursing graduates into the unit and spend additional time with them until they come into their own."

On Baker 3, Marge Wiggins, chairperson of the head nurse's section at NEDH, sees the head nurse's role as evolving into a more creative and flexible position. The head nurse acts as a resource person to the staff and as a liaison between the primary nurse and the physician.

"Years ago there were hardly any RNs. Patients were cared for by student nurses. Now the head nurse oversees a team of RNs who are directly responsible for three or four primary care patients. The RNs are aided by LPNs and nursing assistants to provide the best nursing care possible."

*Head nurses (l-r): Ann Hunt, recovery room; Barbara Wolchok and Diane Gulczynski, operating room; Shirley Baldwin, Farr 8; Shirley Overstreet, Farr 7; Ange DelMonico, Palmer 4; Mary Beth Green, Farr 8; Nancy Bryant, observation unit; Carol Keyes, intensive care unit; and Linda Rowley, Farr 11.*

# Deaconess News in Brief

Two Deaconess physicians were recently guests on the "Good Day" show (WCVB-TV). **Dr. Randolph Reinhold,** director of the ambulatory care unit, appeared on the February 12th program to discuss breast reconstruction, while **Dr. Joseph Andrews,** chief of the pulmonary section, spoke on why and how to stop smoking during a segment of the February 19th show.

**Mark J. Grubbs** has recently joined the personnel department as manager of compensation and benefits. Mr. Grubbs previously worked in the personnel department of the Stop and Shop Companies, Inc. where, for the last five years, he held several positions including employee benefits analyst and personnel manager of the company's corporate services division.

**Dr. William McDermott,** scientific director of the Cancer Research Institute, was appointed to the board of directors of the Association of American Cancer Institutes at its semi-annual meeting in Washington, D.C. last month.

Assistant Director **Robert D. Pence** discussed the management of hospital cancer programs at a recent conference sponsored by the New Jersey division of the American Cancer Society and the New Jersey Hospital Association.

**Peter Campisano,** associate director, presented a paper on the role of technology in medicine at a meeting of the Greater Boston Social Scientists in Medicine on January 30.

**Dr. Lloyd D. Flint,** urology department, lectured on pheochromocytoma during grand surgical rounds at Cambridge Hospital on January 10.

A former pharmacy employee, Patrolman **Donald McIntyre, Jr.,** was recently honored as "police officer of the year" by the Brookline Lodge of Elks during ceremonies at the Brookline Police Mutual Aid Association's annual ball. Mr. McIntyre's father, Donald Sr., also worked at the Deaconess for many years until his retirement from the maintenance department in 1975.

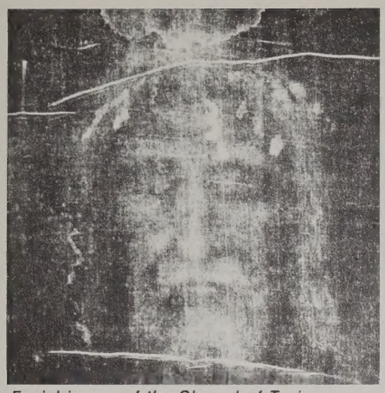
Director of Dietetics **Joyce Tower** recently completed an evaluation of the dietetic internship program at St. Mary's Hospital of the Mayo Clinic in Rochester, Minnesota. Ms. Tower was the lead site visitor, representing the Commission on Evaluation of Dietetic Education of the American Dietetic Association.

**Lynn Ometer,** assistant director of patient nutritional care in the dietary department, published an article entitled "Documentation of Nutritional Care" in the January issue of the Journal of the American Dietetic Association.

Renal Dietitian Specialist **Susan Levine** presented a lecture on "Nutritional Implications of the Chronic Dialysis and Kidney Transplant Diabetic Patient" to dietitians and nurses at University Hospital on January 23.

The Deaconess was one of eight area hospitals to receive a holiday gift of hospital equipment from the **Automotive Wholesalers and Suppliers Hospital Equipment Fund.** This year marks the 30th annual presentation of life-saving equipment to hospitals in eastern Massachusetts.

The organization was formed by a group of businessmen who were disturbed by the amount of money spent on liquor during the holiday season. They pledged to forego giving holiday gifts valued in excess of one dollar and instead donated that money toward gifts from which the needy could benefit. Over the years, customers and friends of the fund's 30-odd member firms have presented equipment valued at over a half-million dollars to more than 60 hospitals.



*Facial image of the Shroud of Turin.*

**Holy Shroud** *(continued from page 1)*

brought the burial garment to Edessa (now Urfa) Turkey sometime before A.D. 50 as a gift to the city's Christian king. Wilson believes that the Shroud might be the legendary Mandylion, a mysterious cloth that Eastern Orthodox Christians have long regarded as bearing the true likeness of Christ.

When Edessa returned to paganism, the Mandylion disappeared until the sixth century when it was discovered in a cavity in the city's wall. In 944, the Mandylion was taken to Constantinople and became part of the Byzantine emperor's collection.

According to Wilson, the Mandylion remained in Constantinople until that city was sacked by the Crusaders in 1204. Truth of its whereabouts immediately following the sacking of Constantinople remains in doubt. Some evidence suggests that the Mandylion was transported to France by a Crusader who was an ancestor of Geoffrey de Charny. de Charny's wife put the Mandylion on display briefly before it was denounced as a forgery in 1389 by Pierre d'arcis, Bishop of Troyes. For a time thereafter the Shroud was forbidden to be shown except as a representation of the burial cloth of Christ.

In 1453, the Shroud was given to the House of Savoy. It was brought to the Royal Chapel of the Cathedral of St. John the Baptist in Turin, in 1578, where it has remained ever since.

Dr. Lavoie said that scientific testing of the Shroud began in 1898 when a photographer named Secondo Pia took the first photographs. Much to Pia's amazement the image that appeared on his photographic plate was not a normal negative in which light areas are dark and dark light. Instead, Pia's negative of the Shroud mysteriously shows itself as a positive print.

Many scientific advances have occurred since Pia first took his photographs. Dr. Lavoie said that results of the testing performed in 1978 should shed more light on the Shroud's age as well as how the image was formed. Data collected from x-ray examination, infrared radiation, computer enhanced photography, small particle identification and carbon-14 dating is expected to be released in an edition of the National Geographic Magazine sometime this year, possibly by spring.

When asked his feelings about the authenticity of the Shroud as that of Jesus Christ, Dr. Lavoie answered by posing three choices. "Either it is an artistic forgery of the 14th century whose true beauty could not be appreciated for perhaps another 600 years with the invention of photography; or it is the image of an unidentified man that is unique in all the world; or finally it is an image formed by a very bright light during the resurrection."

# Three graduate from blood bank program

Three medical technologists were graduated from the NEDH Training Center for Blood Bank Specialists at a ceremony held in Harris Hall on December 27. Dr. Agnes Kim, blood bank director, presented diplomas and pins to the graduates, each of whom earns the designation of Specialist in Blood Banking (SBB).

The year-long program, initiated at the Deaconess in 1972 by Drs. Bradley E. Copeland and Randi V. Rosvoll, is designed as a work-study program. Students work as full-time employees at the Deaconess in addition to attending courses in blood banking, genetics, immunology hematology, management and federal and state regulations. The students are also enrolled in the graduate program of medical laboratory science at Northeastern University.

The graduates are: Donna Dercole, who has assumed her duties as blood bank supervisor at Newton-Wellesley Hospital; and Karen Malikowski and Bette-Jo Scott, who will both remain at NEDH.

Thirty-three regular students and ten auditors have graduated from the program since its beginning. Many of these graduates are presently working as blood bank supervisors at such institutions, in addition to our own, as Beth Israel Hospital, the New England Medical Center, Sidney Farber Cancer Institute, the American Red Cross, Boston Hospital for Women, University Hospital, Rhode Island Hospital and the Augusta General Hospital in Maine.

**Blood bank graduation:** *(l-r) Instructors Barbara Langley, Dee Dee Fiei and Joyce Blank; Graduates Donna Dercole, Karen Malikowski and Bette-Jo Scott; Auditor Mirtha Medina; Blood Bank Supervisor and Education Coordinator Maruditsa Mitsiu; and Instructor Kathleen Cardillo.*

## March declared handwashing month

President Laurens MacLure has signed a proclamation declaring March "Handwashing Month" in support of the Deaconess Infection Committee's second annual handwashing campaign.

The campaign will be highlighted this year by an innovation in handwashing demonstrations, as well as audio-visual aids, buttons and posters.

Handwashing is probably the single most important procedure for preventing hospital-acquired infections. Staff members' hands should be washed after every significant contact with patients to avoid the hazards of bacterial contamination.

Patients who experience the greatest risk of receiving infection from the contaminated hands of hospital personnel are those with urinary catheters, IV catheters, tracheostomies and postoperative wounds. We invite you to join us in this important campaign.

New England Deaconess Hospital **pulse**

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

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*Head nurse Wendy Sandberg plans time schedules for her unit – part of the multi-faceted duties of Deaconess head nurses (see page 1).*

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